

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000338

Entity Name: W-W-R.COM, INC.

FILED  
Mar 26, 2010  
Secretary of State

## Current Principal Place of Business:

2716 S. US HIGHWAY 1  
FT. PIERCE, FL 34950

## New Principal Place of Business:

## Current Mailing Address:

1201 THIRD AVENUE  
SUITE 2200  
SEATTLE, WA 98101

## New Mailing Address:

FEI Number: 52-2261877      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSDT  
Name: GOYAL, AJAY  
Address: PO BOX 880062  
City-St-Zip: PORT ST. LUCIE, FL 34988

Title: VP  
Name: GOYAL, ANIL K  
Address: PO BOX 880062  
City-St-Zip: PORT ST. LUCIE, FL 34988

Title: SCTY  
Name: GOYAL, UMA  
Address: PO BOX 880062  
City-St-Zip: PORT ST. LUCIE, FL 34988

Title: TRSR  
Name: GOYAL, RAMESHWAR  
Address: PO BOX 880062  
City-St-Zip: PORT ST. LUCIE, FL 34988

Title: DIR  
Name: GOYAL, ANIL K  
Address: PO BOX 880062  
City-St-Zip: PORT ST. LUCIE, FL 34988

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANIL K. GOYAL

VP

03/26/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date